PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number	08152-00134		
First Named Inventor	Williams, Timothy R.		
COMPLETE	COMPLETE IF KNOWN		
Application Number			
Filing Date			
Art Unit			
Examiner Name			
	COMPLETE II Application Number Filing Date Art Unit		

As the below named inventor, I hereby declare that:				
My residence, mailing address, and citizenship are as stated below next to my name.				
·				
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
Vehicle Body with Integral Storage Area and Deck				
(Title of the Invention)				
the specification of which				
X is attached hereto				
OR CONTRACTOR OF THE PROPERTY				
as United States Application Number or PCT International				
Application Number and was amended on (MM/DD/YYYY) (if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.				
hereby claim foreign priority henefits under 35 H.S.C. 110(a) (d) or (5) of any foreign priority henefits under 35 H.S.C. 110(a) (d) or (5) of any foreign priority henefits under 35 H.S.C. 110(a) (d) or (5) of any foreign priority henefits under 35 H.S.C. 110(a) (d) or (5) or (6) o				
breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s) Foreign Filing Date (MM/DD/YYYY) Not Claimed VES NO				
(MM/DD/YYYY) Not Claimed YES NO				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				

The different series of the terms of the ter

dina. three. Grant. įš 1 \$ = h . William G 1 Think i ph

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer Number or Bar Code Label	1 // 1/1/1	OR Cor	respondence address below	
Name				
Address			,	
City		State	ZIP	
Country	phone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR :	A petition h	as been filed for this unsig	ned inventor	
Given Name (first and middle [if any]) Timothy R. Family Name or Surname Williams				
Inventor's Signature Lyately E tabel Date //- 26-01				
Residence: City Charlotte	State MI	Country USA	Citizenship USA	
Mailing Address 3253 East 5 Point Highway				
City Charlotte	State MT	ZIP 48813	Country	
NAME OF SECOND INVENTOR:	A petition has	s been filed for this unsigne	ed inventor	
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature Date		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

isk isk 10 mm Aprile Aprile 1 40000 11000 120000

dinity death

Mary P Horas, Horas, ļ.,

Application Number	
Filing Date	
First Named Inventor	Williams, Timothy R.
Title	Vehicle Body with Integra Storage Area and Deck
Group Art Unit	
Examiner Name	
Attorney Docket Number	08152-00134

Practitioners at Customer Number 27144 Place Ber Code Label here Number Ber Code Label here Name Registration Number Name Nam	I hereby appoi	int:				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Date Name Registration Number And to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Number Bar Code Label here Zip Country Telephone Fax I am the: X Applicant/Inventor. Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	OR		Number Bar Code			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Ifim or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R, Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Practition	er(s) named below:				
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	<u> </u>	Name	Registration Number			
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	·					
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	<u> </u>					
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
The above-mentioned Customer Number. OR Practitioners at Customer Number						
Practitioners at Customer Number Practitioners P		•	med application to:			
Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			Place Customer			
Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Practitioner	rs at Customer Number				
Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	OR	·····				
City State Zip Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		ame				
City Country Telephone Fax I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Address					
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Address					
Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	City		State Zip			
Am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Telephone		Fax			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	X Applican	ıt/Inventor.				
SIGNATURE of Applicant or Assignee of Record Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Assigne	e of record of the entire interest. See 37 CFR 3.7	71.			
Name Timothy R. Williams Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	SIGNATURE of Applicant or Assignee of Record					
Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Minatha D Milliams					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	1 1 41 21					
区 *Total of forms are submitted.						